

General Waiver Request Form

Instructions

Under 935 CMR 500.850 and 501.850, an individual, entity, applicant, host community¹, or licensee (Requestor) may request from the Cannabis Control Commission (Commission) a waiver from compliance with certain adult- and/or medical-use cannabis regulations. This form shall be used for general waiver requests. **Please note, Alternative Security Provisions (ASP) pursuant to 935 CMR 500.110(2) and/or 501.110(2) must be submitted to Inspections@CCCMass.com using the [ASP Request Form](#).**

Only one requirement may be the subject of each waiver request form submitted to the Commission; in other words, the Requestor must submit a new form for each individual waiver request. However, if the Requestor is requesting a waiver from a requirement that applies to them under both the adult- and medical-use cannabis regulations, and the requirement is the same, the Requestor may use one form and state the relevant provisions. Similarly, the Commission will accept one waiver request form from a Requestor who is seeking to waive the same requirement for multiple licenses.

The Requestor must submit written documentation for the Commission to evaluate the waiver request. Documentation must specifically state the regulation(s) for which the Requestor is seeking the waiver, the reason(s) why the waiver is needed, and how: (i) compliance with the requirement would cause undue hardship to the Requestor; (ii) any alternative compensating features, if applicable; (iii) the waiver will not pose a risk to the health, safety, or welfare of the public or patients; and (iv) that approval of the waiver would not constitute a waiver of any requirements under state law. Additional documentation may be submitted along with the requestform if it directly addresses the requirement to be waived.

All requests must be filled out electronically and signed. If the Requestor is an entity, the form must be signed by an individual who has authority to act on behalf of the entity ("Requestor's

¹ A General Waiver is distinct from the [Host Community Agreement Waiver](#) pursuant to 935 CMR 500.180(5) and 935 CMR 501.180(5).



Representative”). Once the Commission receives signed documentation pertaining to the waiver request, staff will evaluate the request.

Please note: The Commission may need considerable time to complete its due diligence review, depending on the nature of the request. The Requestor or the Requestor’s Representative will be notified once the Commission has completed its evaluation and made its determination.

Review

Failure of the Requestor or its Representative to fully complete this form may result in denial of the waiver request. When completing the form below, the Requestor should use additional documents and/or pages if needed and reference addendum appropriately. Once complete, this waiver request form and all supplemental documentation should be combined into a single PDF document and emailed to Enforcement@CCCMass.com.

I. Requestor Information

1. Requestor's name (*if an entity, please state the legal name of the entity*):

2. Requestor's status:

- ☐ Applicant (MTC, ME, CMO)
- ☐ Licensee (MTC, ME, CMO)
- ☐ Registered Agent Applicant (ME, MTC, CMO)
- ☐ Registered Agent (ME, MTC, CMO)
- ☐ Qualifying Patient
- ☐ Personal Caregiver
- ☐ Certifying Healthcare Provider
- ☐ Caregiving Institution
- ☐ Institutional Caregiver
- ☐ Other—please specify:

3. Requestor's application/license/registration number(s) (*if applicable*):



4. Requestor's contact information (*address, phone number, and email address*):

5. Authorized Representative's name, relationship to Requestor, and contact information (*if applicable*):

II. Waiver Request Information

6. List the specific regulation(s) and associated regulatory cite(s) to be waived:



7. List the reason(s) why this regulatory requirement would cause undue hardship and should be waived. Please note that the Commission evaluates claims of undue hardship on a case-by-case basis, considering the facts and circumstances present for each Requestor.

8. List the alternative policies, procedures, steps, or features that will be utilized in lieu of the requirement if the waiver request is granted *(if applicable)*:

9. In the opinion of the Requestor or its representative, if the Commission waives this regulatory requirement, will waiving this requirement pose a risk to the health, safety, or welfare of any registered qualifying patient or the public *(please check one of the boxes below)*?

- ☐ Yes
☐ No



10. Please explain the reasons why waiving the requirement will not pose a risk to the health, safety, or welfare of any registered qualifying patient or the public:

11. Would granting the requested waiver constitute the waiver of any statutory requirements *(please check one of the boxes and include any notations in the section below)?*

- ☐ Yes
☐ No



By signing this document, I affirm that all the information provided above is true and accurate. I understand that compliance with all requirements listed in 935 CMR 500.000 and 501.000 (*where applicable*) is required unless otherwise notified by the Commission.

Incomplete submissions may not be processed. Failure of the Requestor or its Representative to fully complete this form may result in therequest being administratively closed.

Signed under pains and penalties of perjury:

Requestor or Requestor's Representative printed name:

Requestor or Requestor's Representative signature:

Date of request:

